

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☒ This is an **initial*** Statement of Organization
☐ This is an **amended*** Statement of Organization

Reset Form

*An initial Statement of Organization should be filled within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$750. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

FORM DR-1 (Rev. 01/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # <u>17496</u>	
Indexed <u>sb</u>	
Audited <u>sb</u>	
Computer <u>sb</u>	

COMMITTEE NAME

Committee to elect Marvin Philips for Supervisor

IMPORTANT: Indicate type of committee you are reporting for:

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER

Name Betty J. Dick
Mailing Address 14040 Hwy 16
City, State Zip Code Douds, IA 52551
Phone (641) 936-4402
e-Mail BettyJane2004@yahoo.com

COMMITTEE CHAIR

Name Dave Pollock
Mailing Address P.O. Box 163
City, State Zip Code Douds IA 52551
Phone (641) 936 7245
e-Mail _____

INDICATE PURPOSE OF COMMITTEE - Check One Box

☒ Advocate for/against candidate(s) ☐ Advocate for/against ballot issue(s)

Comment or description:

All Candidates Enter:

Office Sought: Supervisor

District: House 90 Senate 45

Political Party (if applicable) Republican

Year Standing for Election: 2003

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: Van Buren County

Date of Election: February 11 - 2003

Bank Account Name

Farmers and Traders Savings Bank

Name of Financial Institution/type of Account

checking

Mailing Address

Douds IA 52551

City State Zip

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor

Marvin Philips

Mailing Address

14771 110th St

City State Zip

Douds, IA 52551

Phone (641) 693-8721

e-Mail

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box: ☐

(1) DONATED TO Republican COUNTY CENTRAL COMMITTEE

(6) PRORATED REFUND TO CONTRIBUTORS

(2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)

(3) DONATED TO CHARITABLE ORGANIZATION

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)

(specify) _____

(9) OTHER (PACS ONLY), PLEASE BE SPECIFIC

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

(Statement of intent required by law for all committees, except state parties and central committees and committees using only personal funds.)

STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$750.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Betty Jane Dick
Signature of Treasurer

Jan 21, 2003
Date Signed

Davis Pollock
Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

Jan 21, 2003
Date Signed